DISABILITY RIGHTS DC
at University Legal Services

TESTIMONY FOR AGENCY PERFORMANCE OVERSIGHT HEARING FISCAL YEAR 2016-2017 FOR THE DEPARTMENT OF BEHAVIORAL HEALTH
COMMITTEE ON HEALTH AND HUMAN SERVICES

February 23, 2016

Good morning, Chairperson Gray and Committee Members. Thank you for this opportunity to testify. My name is Faiza Majeed, and I am a Staff Attorney at Disability Rights DC at University Legal Services ("DRDC"), the designated protection and advocacy program for people with disabilities in the District of Columbia. Pursuant to our federal mandate, DRDC represents hundreds of D.C. residents with mental illness each year to advocate that they receive access to appropriate mental health treatment in the least restrictive setting.

Continuity of care is necessary to maintain quality mental health services. In practice, continuity of care means that Core Service Agencies (CSAs) maintain contact with consumers, and monitor their progress while consumers are in institutions, and that discharge and re-entry planning is a joint effort between the CSA, the consumer, and their treatment team. DBH has specific guidelines to ensure continuity of care between mental health providers and adult DBH consumers.[1] However, during Fiscal Year 2016, because DBH failed to adequately fund locally funded mental health services many DBH consumers abruptly lost access to services, breaking the continuity of care.

DBH "local funds" pay for community support for consumers leaving institutions, such as Saint Elizabeths and the jail, who need help reintegrating into the community. DBH local funds also pay for consumers who are not eligible for Medicaid due to immigration status, or

[1] DBH Policy 200.2B, Continuity of Care Practice Guidelines for Adult Mental Health Providers, available at http://dbh.dc.gov/sites/default/files/dc/sites/dmh/publication/attachments/TL178.pdf (last visited 2/14/2017).

because they are over-income but are court ordered for treatment. For years, DBH has consistently provided for these populations, recognizing that quality services for all D.C. residents is a sound investment, and simply the right thing to do. However, in the middle of Fiscal Year 2016, without any warning to consumers or advocates, DBH suddenly stopped.

As a direct result of DBH's failure to fund these services, providers started curtailing and rationing mental health supports. For example, providers have stopped or severely curtailed meeting with institutionalized consumers to coordinate care, and to help consumers develop skills to transition to the community. Losing access to their CSA has caused some institutionalized DRDC clients to lose their only connection to the community, making it much more difficult, if not impossible for them to maintain or access housing, benefits, and other supports necessary to leave the institution. For example, DRDC clients at Saint Elizabeths can no longer attend day programs, a step that helps many of our clients prepare for their transition back to the community. The lack of continuity of care can result in consumers being needlessly stuck at Saint Elizabeths; this is a violation of their right to live in the community, and a waste of District funds.

It is our understanding that DBH seeks to further limit local dollar services to consumers in institutions, by stating that consumers can only receive CSA services thirty days prior to discharge. This proposal raises serious concerns about maintaining continuity of care, and on a practical level, makes no sense. In our experience it takes more than thirty days to assist consumers in Saint Elizabeths and the jail with navigating the transition to the community, which involves putting crucial services into place prior to discharge such as, applying for housing, benefits, and coordinating services in the community.

Further, DBH's failure to adequately fund local dollar services is deeply concerning because D.C. law prohibits the discrimination of consumers based on eligibility or non-eligibility for Medicaid, and other types of insurance coverage.[2] The current system of care that provides a separate level of services to consumers without Medicaid, runs afoul of this provision. D.C. law also provides that consumers have the right to free choice in choosing their mental health provider.[3] DBH's failure to adequately fund local dollar services renders consumers' right to choose a provider of choice meaningless, as some high-quality providers preferred by DRDC clients are no longer accepting consumers who require local dollar services.

Since August 2016, we have raised our concerns several times, first with DBH, and then with the Deputy Mayor. In their most recent response, DBH states that there is no evidence that any gaps in care exists due to the lack of local funds. However, gaps in care do exist: CSAs continue to curtail services, consumers who need locally funded services continue to be rejected by providers, and consumers continue to be cut-off from their existing providers. DBH also shifts the responsibility of the local dollar crisis to mental health providers. This response is inadequate because it fails to recognize DBH's responsibility to manage and administer the mental health system in the District, and to ensure that DBH consumers have equal access to mental health services.

The District has been a leader in ensuring that mental health care is accessible. However, because of DBH's failure to resolve the local dollar crisis, the District is moving backwards by creating more barriers to access mental health services, instead of moving forward, and improving access to mental health services.

[2] See D.C. Code § 7-1131.03(e).
[3] See D.C. Mun. Regs. tit. 22A § 3402.9.

We urge DBH to solve the current funding issues by ensuring that the amount allocated toward local dollar services actually meets the demand. We hope that City Council will monitor DBH's commitment to provide local dollar services, and will follow-up with DBH to make sure that the amount allocated toward local dollar services actually meets the demand.

Finally, I would be remiss if I did not mention the closure of Green Door. We were shocked to find out last week that Green Door, one of the largest CSAs, will be closing this Saturday (February 25th), with less than a week's notice. DBH's own protocol requires that a detailed provider close out work plan be implemented to ensure that consumers are given ample time to select a provider of their choice and are provided continuity of care with no service disruptions.[4] Green Door serves over 1,200 clients, including 280 who receive Assertive Community Treatment, the most intensive level of community services. We urge the Council to investigate how such a large service provider could close its doors virtually overnight, how DBH has handled the situation, and the impact of the closure on consumers. Most relevant to our testimony, we urge the Council to investigate whether Green Door's closure is related to the local dollars issue and DBH's failure to pay providers in a timely manner.

Thank you for the opportunity to testify. I am happy to answer any questions.

[4] See MHRS Bulletin Number 89, Protocol for Mental Health Rehabilitation Services Provider Closings, available at http://dbh.dc.gov/sites/default/files/dc/sites/dmh/publication/attachments/MHRS%20Bulletin%20%2389%20%282%29.pdf (last visited 2/22/2017).